

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., Editor.

H. A. COTTELL, M. D., Managing Editor.

THE following returns are made from the New York schools of medicine:

The medical students in New York City during the past winter have numbered as follows: College of Physicians and Surgeons, 555; Bellevue Hospital Medical College, 350; University Medical College, 750; Woman's Medical College, 60. In the veterinary colleges there have been about 75 students, making a total of about 1,800. The students in the two homeopathic and one eclectic school would raise the number to about 1,900.

When it is remembered that last year, before the authorities at Bellevue required that their candidates for admission should be able to spell baker, and give other such like evidence of pathological possibilities, their class was close on to six hundred—it will be seen how fearful were the casualties following elevation of the standard.

The University of New York, which never did run upon a reform ticket, and has carefully cultivated its morals so as not to be too good for this wicked world, thrives apace. Seven hundred and fifty indeed! Who will dare swear that in this army may not be found Pagets, Billroths, and Niemeyers by the score? The doctrine of chances upon the basis of mere numbers is in its favor.

Bellevue, as all the world has been told several times, has failed; but it is not so generally known that reform at the metropolis does not cease with Bellevue's efforts. The College of Physicians and Surgeons at this very writing is pushing along a superior standard of its own making, and, as we

hear, not without hopes of some success. It has added two months to the regular term, so that they who used to scatter in March must now hang on until May. This looks like something, and in so much we wish the school success. But we have an abiding idea that the fault of American teaching does not lie more in short terms than in faulty methods; that if the whole science of medicine is to be crammed into every course, it would perhaps be better for the bore to be over at the end of five months than at seven. Upon gradation of subjects, demonstrative teaching, and text-book studies depend the only basis of true reform.

THE Kentucky State Medical Society meets upon the 5th at Covington, and no doubt will run a happy course. It must be so when good fellows meet to exchange their greetings after another year gone by, and particularly so when such reinforcements come from the cheery hearts across the way. Our best wishes and our congratulations go to Covington with such deep regrets. It adds another pang to rheumatism, which trips us of our legs, to know that the Society must meet and go and we not be with it.

IN this issue Prof. Parvin publishes the first chapter of his long-looked-for work on Midwifery. The book will be before the profession by October next. We feel under many obligations to Professor Parvin for his selection of the News as a medium for the introduction of his treatise; and we feel

quite assured that if the pace of this preliminary canter is kept up, our western nag goes straight to victory.

Professor Parvin is not altogether satisfied with his definition of Midwifery, and holds it subject to modification. To our mind—though not much tutored in these ways—Midwifery is best defined as that branch of medicine which has charge of the woman and her offspring during her pregnant, parturient, and puerperal states.

A PHILADELPHIA journal attacks us for our praise of Messrs. Wm. Wood & Co.'s Library of Standard Authors. We can not see for the life of us why it does so. What we have said in its praise was in the utmost good faith, and we reiterate that we consider the enterprise as commendable as any undertaken by an American publishing house. If some of the works issued are by men not so generally known as the authors of the other books, that does not interfere at all with our proposition that the subscription-price is marvelously low. It would be so indeed if nine tenths of the authors were unknown to fame. Philadelphia stands too high in the annals of medical publishing to care what comes from New York. We take it that the complaint of the editor must be merely personal.

MR. TENNYSON AND THE MEDICAL PROFESSION.—I do not think for a moment that among those who know him Mr. Tennyson needs any champion; and I am sure that no one who has ever conversed with him upon topics which affect the medical profession would accuse him of a sneering spirit toward that profession or its members (Geo. H. R. Dabbs, in *British Med. Journal*). But as one of his later poems, *In the Children's Hospital*, has been supposed to point a personal allusion, besides involving, so its critics say, a most derogatory reference to the profession at large, I trust I may be allowed a short space in your valuable columns to assure Mr. Tennyson's critics in the profession that I have it from his own lips that he had no medical personality in his eye, either a "Dr. M." or any one else, when he penned

the lines in question; that the poem was intended to be a dramatic poem, and such it is, and that its words can be no more taken as implying a distinct insult to one profession than the poem of *Rizpah* can be supposed to involve a similar insult to another calling high in the land. Were it within the province of this letter I might give very decided testimony as to what Mr. Tennyson really thinks of our profession, and perhaps my evidence might be slightly at variance with the extracts which your correspondents have robbed of their context value, and from which they have endeavored to deduce the poet laureate's chronic ill feeling toward us. But though I do not mean to invade the sacred territory of private conversation by such pleading, I must be pardoned if I urge in all humility that this system of shifting upon an author as his personal opinion the working out of his dramatic purpose is altogether novel in art and reprehensible in criticism.

"And he said likewise

That a lie which is half the truth is ever the blackest of lies,
That a lie which is all a lie may be met and fought with outright,
But a lie which is part a truth is a harder matter to fight."

Whether this verse or "Seventy years ago, my darling, seventy years ago," be the more appropriate as a comment upon this discussion is perhaps a matter of taste; but that the *Grandmother* is the proper poem to look to for a quotation that shall suit the case admits of no doubt.

While leaving the critics to settle the question as to whether or not the laureate may stand in the grandmother's position as to calumny, we must confess to a fear that he is at length fitted to fill that kind old lady's place in the matter of dotage.

That the genius which created the wild witchery of *Maud* and made us feel the tender pathos of *The May Queen* should have conceived of and executed such a performance as *In the Children's Hospital* staggers belief, and awakens within us the melancholy reflection that even the god-like gift of song must fail at length, while wisdom, wit, and genius give their sons no talismanic charm whose power shall shield them from the withering touch of time.

Original.

MIDWIFERY.

BY THEOPHILUS PARVIN, M.D., LL.D.

Midwifery, as one of the fundamental divisions of Medicine, claims equal rank with Practice and Surgery in knowledge, in dignity, in beneficence, and importance.

The term etymologically means, and for a long time historically meant, the care of women in childbirth by women. The word midwife*—variously spelled *medewif*, *mydwiif*, *mydwyff*, *mydwyfe*—is found in our language as early as the thirteenth century. The coarse, contradictory compounds, man-midwife and man-midwifery, first occur about three centuries later.

The early history of all peoples, and the earliest history of our race, show that the obstetric art belonged exclusively to women. Doubtless among primal races and in primitive times child-bearing was less often attended by difficulties and dangers. Indeed, if we credit some of the most eminent Greek writers, section of the umbilical cord was reckoned the most important function of the midwife. As early as the time of Hippocrates she was called the *omphalotomist*. But there came a time in Greek history, if the story of Agnodice be true, when the practice of obstetrics, as well as all other exercise of the medical art, was forbidden women. This famous woman, disguising herself as a man, pursued her medical studies under the best teachers, Hierophilus being the most noted of these, and, still preserving her disguise, entered professional life. Secretly revealing her sex to Athenian women, she soon had so large an obstetric practice that the jealousy of her male competitors was aroused, and by them she was charged with

debauching women. Brought before the venerable Areopagites for trial, her successful defense was making known her sex.† Her accusers, thus signally foiled, then pressed the charge of violating the law to which allusion has been made; but by the intercession of Athenian matrons the court repealed the law.

In striking contrast with the results of Agnodice pursuing in male attire her profession was the consequence to Dr. Werdt, of Hamburg, in the year 1522, of taking the dress of a woman, and, his sex being thus concealed, attending a case of labor. For this act he was burned alive.

It has been suggested that the change in modern times from female to male obstetricians was the consequence of Louis XIV employing Julien Clement‡—who did not anticipate that this ministry would create in language a new word, in society a new condition—to attend Mademoiselle Lavalliere in her confinement. The example set by a French king, and promptly followed by a French court, could hardly have been so powerful. The causes were general and in their influence gradual, not so purely local and immediate. They were found in the increasing difficulties of parturition consequent upon advancing civilization, the concentration of population in great centers—one part of that population in wealth, luxury, and idleness; another part at the opposite extreme of poverty and physical distress—and thus the difficulties referred to result—dynamic on the one hand, mechanical upon the other. But chiefly must this change be attributed to the superior qualifications of male practitioners. Nevertheless advancing morals and a growing confidence in the chastity of women and the virtue of men I think must be reckoned a factor. The Saracen sensuality, which made harems and jealously guarded their inmates by eunuchs, and which completely concealed woman's face with veil, was scarcely less antagonistic to male obstetricians than that suspicious spirit of Christian knights which led them to secure the purity of their wives by cruel vulval rings and careful locks.

But whatever the causes, in spite of natu-

*I am indebted to Professor March, of Lafayette College, Easton, Penn., for the following note:

Midwif does not appear in the Anglo-Saxon so far as yet explored; but in the earliest Old English vocabulary, the Promptorium Parvulorum, is *mydwife*, *obstetrix* (A. D. 1440). It is found earlier, in Peirce Plowman, A. D. 1394; Myrc's Duties of a Parish Priest, A. D. 1400, spelt *mydwif*; and *midwif*. In Wycliffe's Bible, A. D. 1380, it is *medewife*, and in the later version of that Bible *mydwif*; William De Shoreham's Poems, A. D. 1330, *medewif*. This is the earliest appearance I know of.

I suppose it to be from *mid* and *wif*. The prefix *mid* is common. *Mid-coyshta*, a co-worker, is found in Anglo-Saxon; in Dutch, *mede-broeder*, a companion; German, *mit-bruder*; D. *mede-gemoet*, G. *mit-helfer*, etc. The idea is that of the Spanish *co-madre*, co-mother, a midwife, and like the German *bei-frau*. It may be conjectured that as a doctor's word it was liable to fanciful learned spelling, and that the Latin *medicus* led to its being spelt *medewif* occasionally, or that the Dutch form influenced it. At any rate, this bad spelling led to the theory that it was *mede-wife*, which has been favored by Trench and others. The theory working in the minds of the early writers may also have led to the spelling. It is, however, a comparatively rare spelling, and the derivation suggested by it improbable.

†Hygius, a Roman writer who lived in the first century, B. C., states that the Areopagites being assembled, Agnodice, *tunicam allravavit et se ostendit feminam esse*. It is worthy of remark in this connection that in one of the first Christian centuries a bishop and patriarch charged with similar crime, before Church Councils, by similar exposure of person were vindicated, for they were eunuchs.

‡C'est à la faiblesse d'une femme et à la mystérieuse galanterie de Louis XIV, qu'on doit le premier exemple de l'interversionnement de cet usage. *Biographie des Sages-Femmes Célèbres*. Par A. Delacoux, D.M.P., Paris, 1833.

ral instincts, strong prejudice, and of long and universal custom, and in opposition to violent protests,* a very considerable portion of the empire of obstetrics gradually passed into the hands of men. Fortunate indeed was the change, for the development of Midwifery as a science and its increased value as an art, made during the last two centuries are almost exclusively the work of man. Whatever opportunities of instruction France furnished her *sages-femmes*—and provision for such instruction was made very much earlier in this country than in Germany—the English midwife had little required of her to obtain her license. This license was conferred by the bishop of the diocese, or his chancellor, upon the certificate of the minister of her parish as to her good character, and the recommendation of respectable matrons as to her skill and knowledge. From Burns's Ecclesiastical Law it appears she gave the following pledge: You shall not in anywise use or exercise any manner of witchcraft, charm, or sorcery, invocation, or other prayers than may stand with God's law and the king's. An Archbishop of York directed that "all curates must openly teach and instruct the Midwives of the very wordes and forme of baptisme," etc. Such pledges and instructions would little help in prolapse of the umbilical cord or in placenta previa, or in performing podalic version. Nevertheless it seems to have been the custom of the professor of obstetrics in the University of Edinburgh, about the middle of the eighteenth century, to give instructions to midwives, furnishing them with certificates of attendance upon his lectures; but the number thus educated must have been very small.

In many of the large cities of this country there are numerous midwives, most of them claiming European education, and doing large if not lucrative practice. Their employment, however, is chiefly by emigrants from Europe, and in the great majority of cases from motives of economy rather than regard for sex.

Considering the many centuries that Midwifery was the exclusive province of women, and the large share of it that still belongs to them, their contributions to its development have been very few. I am not unmindful of the fact that we have in this country and in some others an increasing number

of thoroughly educated female physicians, and that some of these are distinguishing themselves as teachers or by their contributions to Medicine. Without even desiring to detract an iota from the just fame of these women, and fully recognizing the value of such works as those of Louise Bourgeois, of Justine Siegemundine—whose work on obstetrics, 1690, was, according to Siebold, the best that had been produced in Germany up to that time—of Madame Lachapelle, and of Madame Boivin, one may assert that it will require far more and greater than all these to reverse the verdict of history and restore woman her former obstetric empire. The question as to male or female obstetricians is one to which the future brings the practical solution; and that solution will be determined not by sex, but by knowledge, science, skill. Wherever these are there the final victory comes.

Meantime and moreover there is ample opportunity for the development of Midwifery, growth of science, increased certainty and efficiency of art. That development will doubtless be more medical than surgical, more in prevention than in cure; in a word, the future will advance obstetric medicine more than obstetric surgery. The midwife will not disappear, but as the male obstetrician will become more intelligent and better qualified, each thus insuring greater respect for the art. The exercise of an art by ignorant, incompetent persons tends to the disparagement of that art by the public and sometimes by the profession.

In some important respects Midwifery differs from Practice and Surgery. The most striking of these is that it has in charge two lives instead of one. The saving of both is, of course, the obstetrician's first object; but sometimes this is impossible, the one must be sacrificed that the other may be preserved, and thus the gravest questions in casuistry are presented him.

Again, the emergencies in obstetric more frequently than in medical or surgical practice are sudden, and require to be met promptly if met successfully. Frequently such emergencies will not allow consultation of books or with a fellow practitioner—scarcely even time for internal debate. Questions suddenly put must have instant answer, and immediate as is the peril must be the means for its aversion.

Finally, a fatal result occurring, the public is very apt to visit unjust reproach upon the practitioner; for they do not see why a natural, physiological process should ever ter-

*In illustration see the following work published in England in 1793: *Man-midwifery Dissected; or the Obstetric Family Instructor*; containing various Arguments and Quotations proving that Man-midwifery is a Personal, Domestic, and National Evil.

minate in death or in only partial recovery. They can understand that a lithotomy, a crushed limb, or a cerebro-spinal meningitis, or a membranous croup may be mortal, but that childbirth may kill is not so well understood. The obstetrician thus rests under increased responsibilities, and he is liable to severer censure in case of failure or of misfortune than the physician or surgeon.

Midwifery in its widest meaning signifies not merely the care of women during childbirth, but also in pregnancy and in the puerperal state; it is the science of human reproduction; it is the art of conducting that process to a successful issue.

A classification of the subjects thus embraced in this department of Medicine must necessarily be somewhat arbitrary and imperfect, for all classifications are merely individual theories of incomplete knowledge. The study of the female pelvis is necessarily first in the didactic teaching of Midwifery; but this study need not include the separate bones of which the pelvis is formed, for they are fully considered in works and by teachers of anatomy. Furthermore, it should embrace the differences between the male and female pelvis, between that of the child and of the adult, and also racial differences. We will have thus presented a part of what may be termed obstetric anatomy. Next the anatomy of the female sexual organs and their physiology should be considered; with these organs the mammary glands are included, as from a physiological standpoint they are uterine appendages designed to carry on the development of the young after the uterus has fulfilled its functions. Thus the introductory part of Midwifery will be completed. The three remaining divisions are Pregnancy, Parturition, and Puerperality, the physiology and then the pathology, with its therapeutics, of each of these divisions being treated in order.

INDIANAPOLIS, IND.

TWO CASES OF TYPHO-PNEUMONIA.

BY E. J. KEMPF, M.D.

CASE I.—Master J. S., aged fifteen years, a stout farmer lad, complained of weariness and tired limbs for several days, which was followed by fever. He took quinine, but as the fever continued I was called in. His temperature was 102° F. in the morning; pulse 110, regular, soft, and full; no appetite; sleeplessness; diarrhea; tongue dry and

red; epistaxis; tympanites and tenderness over abdomen on pressure, especially over the right iliac fossa; nausea; severe headache over right eyebrow. I ordered three grains of quinine every four hours, occasional Dover's powders in five-grain doses, fomentations over the abdomen, cold applications to the head, also wine and whisky alternately.

On the seventh day I found the patient with a temperature of 105° F.; pulse 130 and wiry; tongue cracked, dry, furred, and very painful; black sordes on the teeth and gums; epistaxis continued; vomited every thing excepting claret wine; diarrhea of a greenish black hue; tympanites and tenderness of the abdomen; cough, and a pain in the right side. The lobes of the left lung were hepatized; bronchial breathing upon auscultation, dullness upon percussion. Ordered quinine in four-grain doses every four hours, turpentine in fifteen-drop doses every two or three hours, and claret wine *ad libitum*. Fomentations to the abdomen and chest were continued.

On the fourteenth day I found the patient very weak, delirious, complaining of headache. Tympanites, diarrhea, and epistaxis continued; temperature 103° F.; pulse 110, full and wiry; tongue fissured, black, and raw; teeth covered with black sordes; expectorates a charcoal-like substance mixed with blood; pain over the right side; dullness on percussion, and upon auscultation broncho-vesicular breathing. Continued the quinine, turpentine, and claret wine.

On the twenty-first day the patient was still delirious at times, complaining of headache, tympanites, diarrhea, and epistaxis; no appetite; expectorates mucus and black blood, the latter coming from the nares; pain on the right side; on auscultation broncho-vesicular breathing; temperature 101° F.; pulse 110, full and regular. Continued the treatment, patient taking now also whisky, having lived on claret wine fifteen days.

On the twenty-eighth day the patient was very weak, having dwindled down to mere skin and bones. Tongue was dry, red, and clean; temperature 99° F. in the morning; pulse 90, full and regular; headache over the eyebrows; epistaxis and diarrhea had discontinued. Ordered quinine, Trommer's plain malt in sweet milk, and stimulants. The patient's hair came out and his teeth loosened. By excellent nursing he gradually recovered.

This case recovered, much to my surprise; and although good nursing, stimulants, and

quinine pulled him through, one must recollect that some cases get well in spite of every thing. Of the five or ten cases of typhoid fever complicated with pneumonia which came under my notice, this was the most typical, and it seemed to me that the case was destined to run the gauntlet of all the symptoms laid down for it in the text-books. As an example of how rapidly some of these cases may end fatally, I narrate the following:

CASE II.—Miss Kitten, aged twenty-one years, a robust country lass, complained of weariness and tired limbs, chilly sensations and diarrhea. On my first visit the temperature was 104° F.; pulse 150; tongue dry and coated whitish; cough, pain in the side (neuralgic), diarrhea, anorexia, and nausea; no tympanites. Ordered morphia, quinine in large doses, and turpentine in ten-drop doses.

On the fourth night patient complained of pain over the abdomen, cough, dyspnea (due to congestion of both lungs); temperature 105° F.; pulse 180, very weak and unsteady; tongue red in the center with coated edges; diarrhea and some tympanites. Ordered large doses of quinine to bring down the temperature, stimulants and carbonate of ammonia to sustain the heart's action, fomentations and sinapisms to the chest and abdomen. Toward morning patient became hysterical, and the limbs would jerk as in St. Vitus's dance. The patient was perfectly rational. Fl. ext. valerian and one-eighth-grain doses morphia speedily allayed this.

Toward evening the temperature rose to 106° F., and the patient became delirious; cough irritative; dyspnea not very marked; pulse about 210 and fluttering; cold, clammy sweat over the body.

On the sixth morning temperature was 107° F.; pulse could not be counted, being like a quivering thread under the finger; heart-beat very weak; lungs still congested, dyspnea being very marked. Patient was delirious, would pick at the bed-clothes and mutter disconnected sentences continually, probably due to anemia of the brain.

Several hours after this the patient died of paralysis of the heart, I think, though it may have been of heart-clot. The cause of this was the congestion of the lungs, to relieve which bleeding would perhaps have been indicated; yet the knowledge that the patient would need all her surplus blood in the stages to come after the forming stage prevented me from doing venesection.

FERDINAND, IND.

Correspondence.

Editors Louisville Medical News:

GENTLEMEN—Some of your readers are very much interested in the "doctor-money" question, which has been so profusely discussed in the NEWS.

When do you think we shall have a "rest on it?"

Respectfully, J. M. CURTIS.

SUMMIT, MISS., March 28, 1881.

Books and Pamphlets.

AIDS TO DIAGNOSIS (STUDENTS' AID SERIES). Part I: Semeiology. By J. Milner Fothergill, Member of the Royal College of Physicians of London, etc. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-third Street. 1881.

AIDS TO DIAGNOSIS (STUDENTS' AID SERIES). Part II: Physical. By J. C. Thorowgood, M.D., M. R.C.P. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-third Street. 1881.

ON QUEBRACHO BARK (*Aspidosperma quebracho*). Translated from the German. Reprint from Therapeutic Gazette, 1880. Detroit, Mich.: Geo. S. Davis, medical publisher. 1881.

CONSTIPATION PLAINLY TREATED AND RELIEVED WITHOUT THE USE OF DRUGS. By Jos. F. Edwards, M.D., author of "How a Person Threatened or Afflicted with Bright's Disease Ought to Live." Philadelphia: Presley Blakiston, 1012 Walnut St. 1881.

VERHANDLUNGEN DER BERLINER MEDICINISCHEN GESELLSCHAFT AUS DEM GESELLSCHAFTSJAHRE 1879-1880. (Als Separat-Abdruck aus der Berliner Klinischen Wochenschrift.) Herausgegeben von dem Vorstände der Gesellschaft. Band XI. Berlin: Gedruckt bei L. Schumacher. 1881.

THE INDEPENDENT PRACTITIONER: A Monthly Journal, devoted to Medical, Surgical, Obstetrical, Dental, and Hygienic Science. Volume II, No. 2, Feb'y, 1881. Edited by M. Basil Wilkerson, A.M., M.D., and Harvey L. Bird, D.D.S., M.D. Baltimore: Published by B. M. Wilkerson, proprietor, 68 N. Charles Street.

LECTURES UPON DISEASES OF THE RECTUM AND THE SURGERY OF THE LOWER BOWEL. Delivered at the Bellevue Hospital College. By W. H. Van Buren, M.D., LL.D. (Yalen), Professor of the Principles and Practice of Surgery in Bellevue Hospital Medical College; one of the Consulting Surgeons of the New York Hospital, of Bellevue Hospital, of the Presbyterian Hospital, etc. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1881.

The work done in the department of rectal surgery by this distinguished author is already too well known to make necessary further comment; yet we expect to find on careful perusal many new features which may form a fitting theme for a more extended notice.

Formulary.

FACIAL ERYSIPELAS.

Dr. Roberts Bartholow uses the following in *facial* erysipelas, but we see no reason why it may not be used in *general* erysipelas as well:

R Quiniae sulph..... 3 ss;
Belladonna ext..... gr. iij.

M. Ft. pil. No. x. Sig. One every four to six hours.

ESMARCH'S CAUSTIC POWDER

For the removal of morbid growths is made of—

Arsenious acid..... 1 part;
Sulphate morphia..... 1 "
Calomel..... 8 parts;
Pulv. gum arabic..... 48 "

Mix. Sprinkle thick every day upon a surface either raw or denuded of cuticle by a blister. This is said to be painless.—*Dr. E. Andrews, in Mich. Med. News.*

FOR DRY CATARRH.

Chloral hydrate..... 3 ss;
Simple cerate..... 3 j;
Oil bergamot..... q. s.

M. Apply to the nasal mucous membrane by means of the finger, or, to reach the back part of the canal, use a camel's-hair pencil.—*R. O. C.*

FOR NIGHT-SWEATS IN INFANTS.

Prussic acid, dil..... gtt. viij;
Simple syrup..... 3 jss;
Distilled water..... 3 ij.

M. One teaspoonful in tea every four hours. Increase the dose if necessary.—*Translated for Therapeutic Gazette from the Revue de Thérapeutique.*

CONDY'S DISINFECTING FLUID.

Potassium permanganate..... 2 parts;
Distilled water..... 100 "
Dissolve.—*Pharmacist and Chemist.*

RESORCIN.

Dr. Justus Andeer states that some eighteen years since a new chemical compound was obtained by Heasiwetz and Barth, of Vienna, from certain resins by the action of fusing alkalies (*Oil and Drug News*). They named it resorcin. Resorcin is not absorbed by the healthy skin, and applied to the lips it produces no effect so long as they are dry; if they are wet, a white blister is raised. It does not affect the teeth. Resorcin is valuable in surgical and dental practice. It is an excellent remedy by way of inhalation in the form of spray. It neither irritates the eyes of the operator nor the patient, and is almost odorless. It is also valuable as a caustic in catarrhal, tubercular, and syphilitic sores, in which cases it is best used in the form of crystals applied to the excrescences, particularly on mucous membranes, removing them painlessly, and restoring the membrane in three or four days to its normal condition. In the form of powder or crystal it is said to be an efficient remedy in diphtheritic affections. For exhibition in the fluid form the best vehicles are alcohol, glycerin,

and syrup of orange, but it is preferable to give it in powder inclosed in wafers or gelatin capsules, whereby its peculiar taste is completely masked. The following formula can be recommended:

R Resorcini puri..... gr. viij;
Aque destillat..... 3 ij;
Syrupi aurantii..... 3 j.

M. S. A tablespoonful every two hours.

For an emulsion—

R Resorcini puri..... gr. viij;
Amygdalæ dulcis..... 3 v;
Syrupi aurantii..... 3 j.

M. Ft. emulsis. Sig. A tablespoonful every two hours.

The spray should be made thus:

R Resorcini puri..... gr. xvij;
Aque destillat..... 3 viij. M.

THE ADMINISTRATION OF COD-LIVER OIL.

If to each ounce of the oil are added two fluid drams of tomato or walnut catsup, and this be well shaken when required for use, a mixture is formed which many persons have found quite palatable and to agree with the stomach better than any other form in which it had been taken. Another and not unpalatable mixture can be made and often taken readily by the patient, which consists of—

Liebig's Extract Beef..... 3 ss;
Extract celery seeds..... fl. 3 ss;
Vinegar..... fl. 3 j;
Water..... fl. 3 ij;
Cod-liver oil..... fl. 3 v.

Dissolve the extract of beef in water, add the vinegar and oil, shake well together with the extract of celery.—*Amer. Jour. of Pharm.*

Pharmaceutical.

XANTHOGENATE of potassium is the new German preparation introduced into this market through the enterprise of Messrs. Arthur Peter & Co., Louisville. It comes in colorless crystals, which are freely soluble in water and alcohol. On the addition of an acid to its watery solution it decomposes, with the formation of carbon-bisulphide, thus disclosing antiseptic properties.

It is doing good service in Europe in staying the ravages of that pest of the vineyards, the *Phylloxera vastatrix*, and will be welcomed by American fruit-growers as a means of protection against the many insects whose larvæ prey upon the growing stems and fruits of our orchards and gardens.

It also forms an amylic compound (Amylozanthogenate of potassium), which proves to be an efficient preservative agent for vegetable and animal tissues. Messrs. Arthur

Peter & Co. are also prepared to furnish the following alkaloids, most of which have but recently come to the notice of the profession, some of them being fresh from the hands of their discoverers:

Pelleterine tannate, the active principle of pomegranate-root bark.

Koussin, the alkaloid and active principle of Koussou.

Homotropin hydrobrom., the new derivative from belladonna.

Duboisia sulph., alkaloid from *duboisia myopoides*.

Eserine sulphas, alkaloid of calabar bean.

Pilocarpin, alkaloid of the leaves of jaborandi.

Quebracho blanco, brought into notice by Dr. Penzoldt, of Germany, to increase the depth of inspiration.

(*Acid osmic*.)

Apiol pure, prepared from fresh seeds; apomorph. mur. amorph.; apomorph. mur. cryst.; diastase.

Established nearly seventy years ago, this house is too well known to require any praise from us; but we feel assured that none who read this will fail to verify the statement that during all or any such part of this time as he may have known it, the firm has steadily kept pace with the advancement of chemistry and pharmacy, and is today possessed of a full knowledge of the wants of the physician and pharmacist, while neither pains nor expense are spared in maintaining that standard of excellence which has ever characterized its medicines and drugs.

Not a few preparations of acknowledged worth, such as the elixir eccoprotic (*cascara sagrada*), elixir *grindelia robusta* aromatic, elixir licorice aromatic, elixir guarana, elixir damiana, etc., were originally prepared by this house, and have since taken their place as standard medicines upon the lists of our manufacturing chemists.

Miscellany.

SIMILIA SIMILIBUS CURANTUR.—Homeopathy has been brought somewhat prominently before the public of late in ways not calculated to increase the number of its disciples (A. G. Vogeler, Ph.G., in *Pharmacist and Chemist*). The German Government decided not to interfere with the homeopathic doctors dispensing their own medicines, contrary to provisions of the law regulating the practice of pharmacy, as, so said the court, they can only be classed with the confectioners, careful analysis having failed to reveal any thing but milk-sugar. Another

casus criticus was the disastrous result of the so-called "Milwaukee Test" regarding the efficacy of the thirtieth attenuation; while more recently we read about the loss of human life brought about by the administration of "infinitesimal" (?) doses of acnite. But yet it is astonishing to witness what powerful hold this anomalous Hahnemannian doctrine has on the popular mind. However, the ideas of ordinary people are somewhat confused on this subject. They, in a majority of cases, will first try their pellets, third pot., or their "specifics," but the patient growing worse the regular physician is called in. Or they will confide to you that their little child they would never treat except on the homeopathic plan, while their own nature is a good deal stronger and they need something more "powerful." Now inasmuch as we are almost daily approached on this subject, and not all of us possessing a *Pharmacopeia homeopathica*, a word or two regarding the *modus operandi* in making attenuations may not be amiss.

Potentiation of Liquid Substances. The potentiation of liquid substances is carried on in an apartment protected from the direct sunlight. The vials used for this purpose must be round, and must hold half as much more as is to be potentized therein. Take thirty of these vessels and carefully measure into each of them one hundred drops of alcohol, then cork them, place them in a row and number the corks from one to thirty. Now take the mother tincture, put one drop into the vial intended for the first potency, cork it tightly and shake the contents with ten vigorous downward strokes of the arm. (Hahnemann at first applied only two shakes of the arm. Later, however, he retracts his former directions, and gives ten shakes as the normal number.) Then drop from this vial one drop into the vial marked 2, cork both, and put the first vial in its former place, take the second and potentize the contents in the same manner as before. In this manner proceed through the whole series. The *high potencies* as far as two hundred and above are prepared in the same manner, each with ten strokes of the arm.

THE DEATH OF MENIER.—M. Emile Menier, the chocolate-manufacturer, who died last month in Paris, by his energy, intelligence, scientific knowledge, and commercial genius, made in eight and twenty years one of the greatest fortunes of modern times, and what is more, turned his wealth to a noble account. His father was a doctor in

a very small way, and as an officer *de Sante* was attached to the military school of La Fleche (Oil and Drug News). A sanitary officer is looked down upon in France by a doctor who has received a diploma from the Faculty of Medicine. When he retired he set up a factory for the production of pharmaceutical articles. He started it in the neighborhood of Belleville, where ground-rent was cheap, and when his affairs prospered hired a flour-mill at Noisiel, to utilize in his particular business the motive-power of a fall of water. His son he placed under the great chemists, Orfila, Pelouze, and Gay de Lussac, who communicated to him their passion for scientific knowledge. This remarkable man succeeded to the paternal business in 1853, and converted the old mill into a chocolate-factory. He was one of the first in France to understand the advantages of publicity. Menier's chocolate was more widely advertised than Holloway's pills and ointment. In three years he spent four million francs on advertisements. His trade increased mightily.

SERVETUS AND HIS BOOK.—Servetus was burned in Protestant Geneva October 27, 1553. His book, *De Christianismi Restitutio*, was burnt with the effigy of the author at Vienne, in France, June 17, 1553, over four months before the execution of Servetus. Servetus had been arrested at Vienne by the Roman Catholic authorities upon information conveyed to them at the instigation of Calvin, and his trial was in progress when he escaped from prison (W. A. Hammond, in *Annals of Anat. and Surg.*). Subsequently nearly the whole edition of his book was found, and then he was sentenced *in contumaciam* to pay a fine of a thousand livres to the king, and to be taken as soon as he could be apprehended on a tumbril with his books to the place of public execution, and then burned alive by a slow fire till his body was reduced to ashes. But as they could not catch Servetus they contented themselves by ordering that the sentence should be carried out on his effigy; and consequently on the date mentioned it and five bales of his books were publicly burned. It is true that at Geneva he was sentenced "in the name of the Father, Son, and Holy Ghost" to be bound and taken to le Champel, and there being fastened to a stake to be burned alive along with his books, printed as well as written by his hand. But in carrying out the sentence two books only were burned with him—one a manuscript sent in confidence

to Calvin some time previously and a copy of the *Christianismi Restitutio*. These were bound to his waist. There are positively only two copies of the *Christianismi Restitutio* in existence. One of these is in the library of Vienna, in Austria, the other in the National Library at Paris. Eight hundred copies were printed at the expense of the author, and it was probable that every one of them except the two mentioned and the one burned with Servetus at Geneva, were destroyed at Vienne. Consequently it is the rarest of books. The copy in the National Library at Paris was purchased for 4,121 francs in 1783. It would now readily sell for five times that sum, or \$4,000. This copy once belonged to Dr. Mead. I am enabled to be thus explicit because I have for several years been collecting every thing relating to Servetus, and am now engaged in writing a biography from a theological and medical standpoint.

A DOUBLE WOMB.—Dr. Matthews Duncan, at the session of the Obstetrical Society of London, January 12, 1881 (*London Lancet*), brought forward the subject of delivery in a case of double uterus. The patient was delivered naturally in her ninth pregnancy, but, as a portion of the chorion remained in utero, the hand was introduced into the uterus to seek for it. The uterus was then discovered to have two cavities, of which the child had been in the right. The left was smaller, but similarly shaped, having a rounded roof. In some previous pregnancies the patient had had copious losses of blood about the third and fourth months. The cervix was single and normal.

Dr. Braxton Hicks mentioned a case of pregnancy with double uterus and vagina. The author was called to examine a lady, pregnant four months, with a tumor in the right inguinal region, to ascertain whether the pregnancy were extra-uterine. On passing the vulva the finger came in contact with the edge of a firm septum, and it was obvious that an os uteri existed upon either side. The uterus on the right side was manifestly pregnant, and of course more developed. Labor took place naturally at full term, and the abnormality was not noticed by the medical attendant.

CURE FOR INGROWING TOE-NAIL.—A Missouri man with an ingrowing nail chopped his toe off. This remedy never fails. For sale at all hardware stores.—*Col. and Clin. Record.*

COINCIDENCE OF BLUE SPOTS WITH THE PRESENCE OF PEDICULI PUBIS.—M. Duguet, having noted that those blue spots which authors have considered to be a feature of typhoid fever, of synochal fever, of bilious states, etc., are always met with in patients affected with pediculi pubis, thinks they are due to the action of a poison which the animal introduces into the skin (St. Louis Courier of Med.). He took, then, a number of these parasites, crushed them in a little water and so obtained a paste, of which he introduced a small quantity under the skin by the aid of a lancet. At the end of twenty-four hours there were as many blue spots as he had made punctures. These spots lasted eight or ten days.—*L'Union Med.*

Nos. 246 (Vol. X, No. 11), dated September 11, 1880, and 250 (Vol. X, No. 15), dated October 9, 1880, of the NEWS are wanted to complete our files. We need about twenty-five copies of each, and subscribers having these to spare will confer a great favor upon us by mailing them to MEDICAL NEWS, care of John P. Morton & Co., Nos. 156 and 158 West Main Street, Louisville, Ky.

ZULU ENEMATA.—The Zulus, in giving an enema, place the patient upon his head and insert into his rectum the small end of a cow's horn. Into this two pints of water are poured.—*Druggists Circular.*

Selections.

A Case of Long-maintained Fixed Position.
By W. C. Bland, M.R.C.S., Medical Superintendent of the Borough Lunatic Asylum, Portsmouth (British Med. Journal):

John Greenwood, aged thirty-one, widower, was admitted nearly fourteen months ago in the Borough Asylum, Portsmouth. Previously to this he had been five months in the Fisherton-house Asylum, and in the Portsea Workhouse. Patient was an able-bodied seaman in the Royal Navy, and bore a first-rate character for intelligence and steadiness. He was drafted into the Coast Guard. One day he put out in a heavy gale in the life-boat, and was reported by his comrades to have been struck by lightning. When he came back he grew very excited and exalted, declaring that God had revealed all things to him. He was then taken to the workhouse, where he exhibited a demented behavior. He would stand still for hours together, and when addressed only grinned fatuously. We have no accurate history of him further than that he was taken to the Fisherton House, whence he was transferred fourteen months since to the asylum at Milton.

On admission he was extremely emaciated, but all his thoracic and abdominal viscera appeared healthy.

He has since been fed on minced food and sop, and has gained about thirty-five pounds. He has assumed a position in which every limb is rigidly extended, the legs and feet pressed firmly together, and the arms and hands pressed to the sides. The eyes are closed, and when one retracts the lids he rolls his eyes upward so that it is impossible to see the pupils. The features are fixed and impassive, and the muscles are all well developed and firm. Although flies settled all over his face last summer he never moved a muscle. All food has to be given him with a spoon by the attendant. He moves his jaws but little, performing mastication chiefly with the tongue. He is held over the stool regularly, and every third day he has a motion. He sleeps well at night. The electrical reaction of his muscles is normal, and all the muscles are well developed and firm. The kneetendon reflex is scarcely apparent, but on pressing up his foot sharply there is a distinct quiver in the calf and foot. He has been under continuous observation night and day, and only twice has he moved. On both occasions he was seen by the night attendant to lie upon his side and rub his eyes. He has never spoken except once. When he was asked the day of his admission he replied correctly, "Tuesday." He has been exercised for ten days by three attendants—two moving his legs while one held him upright, and then every joint has been flexed repeatedly. And he has been maintained in an attitude of prayer for a quarter of an hour at a time; but beyond slight exhaustion this produced no effect whatever. Whenever one of his limbs is forcibly removed it is immediately brought back to its position when let go, as though under the influence of a spring. Amyl nitrite has not the slightest apparent effect on his condition further than producing a blush. The patient was put under chloroform, when he opened his eyes, with the pupils widely dilated. An ophthalmoscopic examination showed the retina to be perfectly normal. Under the influence of the chloroform he relaxed his muscles but little, but the narcosis was not very deep, and the relaxation was sufficient to show, if proof were needed, that there exists no spinal lesion.

It is impossible to classify this case under any known head. Catalepsy is excluded by the absence of a characteristic symptom, viz. the joints, when placed in a different position, are not retained in that position. There is nothing passive—the whole attitude is produced by voluntary muscular action. To me the most satisfactory view is that it is the result of a fixed delusion. But it is impossible to ascertain the nature of the delusion, or even its existence, with certainty.

Abstract of a Clinical Lecture on Peripheral Paralysis.—By T. Grainger Stewart, M.D., F.R.C. P.Ed., Physician to the Edinburgh Royal Infirmary (British Med. Journal):

After describing and demonstrating a case of myxedema Prof. Grainger Stewart reminded the members of the class of clinical medicine that, in one of the early lectures of the session, he had shown them one case and described two others in which he had established a diagnosis of peripheral paralysis of hands and feet. The grounds of that diagnosis were that the disease spread upward from the distal parts toward the proximal; that it involved the sensory, the motor, and the trophic functions of the nerves, and that while no known facts with regard to the physiology of the brain or spinal cord could explain such

a set of symptoms, disease of the nerve-trunks themselves would readily do so. One of these cases that the students had had a further opportunity of studying at the bedside was most unfortunately seized with an attack of acute double pneumonia and died. Dr. Grainger Stewart now proposed to bring before the class the results of the post-mortem examination. The brain and the spinal cord both appeared to be healthy when removed from the body, and the subsequent microscopic examination fully confirmed this opinion. It was, however, otherwise with the nerves in the paralyzed limbs, which, though they appeared to be healthy to the naked eye, were found microscopically to be extensively diseased. The axis-cylinder in many of the fibers was broken up in such a manner as to present a moniliform appearance, and in some parts it was completely destroyed.

Dr. Stewart pointed out that this result was very interesting in relation to this particular group of cases; that it fully justified the diagnosis arrived at during life from a study of the clinical features of the case, and that it was also of great value in relation to other morbid conditions, clearing up various pathological processes which have hitherto been obscure. According to the lecturer's experience the process is generally recovered from, and in the course of two or three months a patient who has been completely paralyzed in hands and feet may recover the full use of all extremities. He had seen what he took to be this process on three several occasions in one individual, each time followed by recovery; but he valued knowledge regarding this form of paralysis most of all on account of the light which it seemed to throw upon certain symptoms in locomotor ataxia.

The members of the class were familiar with the fact that in the early stages of that disease patients frequently suffered from temporary paralysis as well as from lightning pains in the limbs, and that in the later stages of the process amaurosis sometimes came on with atrophy of the optic nerve. Both of these Dr. Stewart thought we should one day learn to be due to precisely this process which he had demonstrated in the three patients whose cases had been referred to. In the early stages the paralysis generally subsided, and that corresponded to the recovery that he had generally noticed in these cases of peripheral paralysis, the paralysis most frequently occurring in the third and sixth nerve of one side. He had been much interested to find that Dr. Hamilton, the pathologist to the Royal Infirmary, had come to the conclusion, on pathological grounds, that the nerves were often affected in locomotor ataxia, and to hear from him that the lesion demonstrated in the case under consideration was the one which he regarded as characteristic of ataxia, while Professor Grainger Stewart had himself, from clinical considerations, come to the conclusion that the nerves were often the primary seat of change in that disease.

The Whale-tendon Ligature as a Substitute for Lister's Cat-gut Ligature.—I have received recently from my friend Dr. Leland, of Tokio, Japan, a little pamphlet on the whale-tendon ligature by T. Ishiguro, M.D., chief surgeon of the Imperial Japanese Army, and if the subject has not previously been brought to the notice of the readers of the Journal, I will ask you to allow me to make the following extracts, which I think will have something of interest for the surgical community.

The mode of preparing the ligature, he says, is as follows:

"First, a whale's tendon is dissected by the points of needles, and teased out until the fibers look very like those of hemp. Secondly, the longest and finest fibers among them are selected, and they are then spun together as ordinary silk thread."

The ligature so made was subjected to the following tests:

"First, a weight of four pounds four ounces was suspended on a cord of one meter in length and 0.18 gram in weight, but it was not broken.

"Second, the ligature was boiled for seventy-two hours, and then kept at blood-heat for five days, but only showed slight expansion or softening without the least dissolution or loss of strength.

"Third, the ligature was soaked in a solution of pepsin (two drams), dilute hydrochloric acid (one dram), and aqua (five ounces), and then kept at the temperature of the body for twenty hours, but showed not the least sign of dissolution.

"Fourth, it was tested likewise by soaking in acetic acid and lactic acid (both in a diluted state) and also in liquor potassa, in all of which cases the strength of the ligature was proved by like results.

"Fifth, the first actual trial was made upon a patient in whom excision of the femur was necessary. In this case one of the ends of the ligature was cut off close to the knot, while the other was left hanging out of the wound. After the lapse of seven days an examination was made, and it was found that not the least trace of the ligature was to be detected. Subsequent trials proved that three days after the application were quite sufficient for the full absorption of this ligature."

Trials were then made as to the rapidity of its absorption, for "a too speedy absorption would cause secondary hemorrhage." In the amputation of a leg the ligature was applied, and there was not the least manifestation of secondary hemorrhage; a like success also followed in the ligature of the femoral artery.

In conclusion, Dr. Ishiguro says the merits of the ligature are the following:

"First, it is the cheapest. Second, it is readily conveyed and preserved. Third, it is easily procurable. Taking these three points into consideration, and bearing in mind the strength which the ligature possesses, and which can be still more increased by soaking it in carbolic oil, it may be concluded that it can be relied on to answer every purpose of a ligature and suture."

I will add that I am informed by Dr. Leland that a piece of the ligature six feet in length is worth from twelve to fifteen cents.—*Edward O. Otis, M.D., in Boston Med. and Surg. Journal, September 30th.*

Oxalate of Cerium as a Cough Remedy.—Dr. Andrew H. Smith, chairman of the Committee on Restoratives, New York Therapeutical Society, at the meeting held April 9, 1880, reported cases illustrating the different degrees of success obtained in the use of the oxalate of cerium in the treatment of cough (Canada Medical Record). The report was based on eighty-four cases furnished by reliable observers.

Dr. Cheesman had used the remedy in hospital practice from July 1 to November 1, 1879, allowing it to take the place of all sedatives, including opium, in the daily average of *phthisis* patients. It was uniformly administered in the form of dry powder, and notes were taken in sixty-nine trials. In thirty-nine marked relief followed, in nineteen the cough was

moderately relieved, and in eleven no relief whatsoever was afforded. Of the eleven cases where the remedy was inefficient, nine were in the third stages of the disease, and in eight the Philadelphia preparation was used. In all the cases where the cough was relieved Merck's oxalate of cerium was used. The drug was given, as a rule, two or three weeks, and often intermitted to test its efficacy. Five grains were given upon waking in the morning and at bedtime as the average dose. Occasionally a dose of five grains in the middle of the day was given with marked benefit.

Dr. George Bayles also reported his observations. In addition to the benefit derived in phthisical patients he had experienced benefit from its employment in hooping-cough. It produced no bad effects on the stomach.

The conclusions reached by the committee were the following:

1. Oxalate of cerium could be safely administered in doses of ten grains three times a day for many days in succession.
2. The only unpleasant symptom when so used was slight dryness of the mouth that appeared after several days.
3. It was probably the most efficient when administered dry on the tongue.
4. Its effects were not produced until two or three days after its use was begun, and lasted two or three days after the remedy was discontinued.
5. It was exceedingly efficacious in the treatment of chronic cough, and the initial dose should be five grains.
6. In the majority of cases it had not proved an efficient cough-medicine for any considerable length of time, but could be regarded as a valuable agent to be employed in alternation with other remedies.
7. It did not disturb the stomach; on the contrary, it relieved nausea and improved digestion.
8. Different preparations on the market were not equal in value, and when success was not obtained by one another should be substituted.—*Med. Record.*

Ovariectomy under Nitrous Oxide Gas.—By Mr. Thos. Bird, M.A. Oxon, in *Medical Times and Gazette*:

On Monday, January 10th, I was consulted by Dr. Heywood Smith with reference to a case of ovarian tumor upon which he was about to operate on the Thursday. He was very desirous of operating on the 13th, because the cyst had been tapped, there having been some doubt as to the character of the tumor. The question was, how was the patient to be anesthetized? chloroform, ether, hydrate of chloral, methylene bichloride, and opium in various forms having been tried, but on account of the consequent nausea and prostration their repetition was desired neither by the operator nor patient. She was quite willing to undergo the operation without anesthesia. I undertook, with the help of morphia suppository (which had not been tried), potassium bromide, or full dose of alcohol, to produce and maintain anesthesia for twenty minutes with nitrous oxide gas and air, having repeatedly used this in minor operations. The patient had a breakfast of beef tea only at 8 o'clock, and from three to four ounces of brandy during the hours intervening between breakfast and 2 o'clock. The patient was adjusted in the usual way, and I administered pure nitrous oxide gas for the space of a minute. At the end of that time a certain proportion

of air was mixed with the gas, and with this admixture anesthesia was prolonged to the end of the operation (twenty-one minutes). She was conscious only of the three needles of the first and second stitches. She felt severe pain on regaining consciousness. No unpleasant symptom of any kind occurred, nor has the patient had any up to the present date (January 29th). Seventy five gallons of gas in all were used.

I hope in the course of a little time to demonstrate that there is no occasion for the closed chamber and atmospheric pressure, as advanced and perfected by M. Paul Bert within the last twelve months.

Pathology and Treatment of Bad-smelling Feet (Bromidrosis)—Bacterium Fetidum.

Thin states that the excessive sweating of the feet and hands is not rare, but that the terribly offensive smell which sometimes accompanies this condition in the feet is due to the organisms which are found in the stockings and inner surfaces of the boots (W. A. Hardaway, in *St. Louis Courier of Medicine*). The fetid odor of the stockings was reproduced in the cultivation glasses, but gradually diminished in strength with successive generations. In the treatment of this malady he suggests that the stockings be changed twice daily, and the stocking-feet be placed for some hours in a jar holding a solution of boracic acid. They are then dried and fit to be worn again if desired. Boracic acid effectually destroys the smell. As the leather of the bottom of the boot is equally offensive, a half dozen cork soles are also required. A pair must be worn only one day unchanged; at night they are placed in the boracic jar, and are put aside next day to dry. A number of methods of treatment have been brought forward in this connection. Willcox straps the feet with adhesive plaster, which is to be removed in three or four days; at the end of a week the cure is complete (*British Medical Journal*, October 23, 1880). Ainsworth relies on bathing the feet every morning, together with change of stockings and the free application of a powder composed of pulv. alum exsicc., \mathfrak{z} ij; acid salicylici, \mathfrak{z} ss iij (*Medical Record*, October 2, 1880). Another writer has gained satisfactory results from bathing the feet in very hot water morning and evening. We have found the plan originally suggested by Hebra, strapping with diachylon, to meet every requirement (*British Med. Journal*, September 18, 1880).

Structure of Anal Mucous Membrane.—W.

T. Clegg, M.R.C.S., writes to the *London Lancet*, February 5, 1881: In reference to the description of the structure of the anal mucous membrane in last Saturday's *Lancet*, allow me to say Mr. Bickersteth has been in the habit of describing the "pouches" referred to in the paragraph in his Clinical Lectures for the past four years to my knowledge. He has, moreover, demonstrated the pouches by the introduction of a probe bent at one extremity into a hook. Not only does Mr. Bickersteth describe these pouches as playing an important part in the production of anal abscess and fistula, but as a source of irritation and distress owing to husks of corn and other substances lodging therein. I hold notes of two such cases. In addition, the division of the pouch or pouches is performed by Mr. Bickersteth by the aid of a hook-shaped knife, the cutting-edge of which is within the curve of the hook. Seeing that this subject is not mentioned in any of the books that I have consulted, it is worthy of more than casual publicity.